

JAN 16 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
nursing Home 2110 Wall  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 72 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lewis G. Howard

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widower  
6. (b) Name of husband or wife Hattie Howard 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Jan. 10 1869 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Jasper County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name George W. Howard  
13. Birthplace no Record (City, town, or county) (State or foreign country)  
14. Maiden name Mary Southard  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant H. G. Howard  
(b) Address 521 N. Pearl, Joplin Mo;

17. (a) Burial (b) Date thereof Dec. 17, 41 (Month) (Day) (Year)  
(c) Place: burial or cremation Howard Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;  
(b) Address Joplin Mo;

19. (a) 12-16-41 (b) E. D. James (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town R.F.D. 1 Oronogo Mo; (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16 1941;  
year 1941 hour 3-15 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Nov 28 1941 to Dec 16 1941;  
that I last saw him alive on Dec 15 (10:00 PM) 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death General Arterio Sclerosis  
Due to .....  
Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97  
Of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....  
(b) Date of occurrence .....  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury .....

23. Signature H. G. Howard (M. D. or other)  
Address Joplin Mo Date signed 12/16/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Steve D. Parker*

Licensed Embalmer No. ....

*2548*

P. O. Address.....

*Gopher Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**